Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

OMB No. 1545-0047

Open to Public

Inspection

Form **990-EZ** (2019)

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20 07/01 C Name of organization **B** Check if applicable: D Employer identification number FRIENDS OF THE SALINAS PUBLIC LIBRARIES Address change 77-0180168 Room/suite Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Initial return 110 West San Luis Street 831-214-5833 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Salinas, CA, 93901 Application pending ☐ Accrual Other (specify) ► G Accounting Method: Cash **H** Check ▶ ☐ if the organization is **not** http://friendsofsalinaspl.org required to attach Schedule B J Tax-exempt status (check only one) — ✓ 501(c)(3) ☐ 501(c) ((Form 990, 990-EZ, or 990-PF). ◄ (insert no.)
☐ 4947(a)(1) or 527 **K** Form of organization: Corporation Trust Other Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ 36,341 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I ~ 1 22,595 2 Program service revenue including government fees and contracts 2 0 3 3 50 4 Investment income 4 26 Gross amount from sale of assets other than inventory 5a 0 h Less: cost or other basis and sales expenses 0 С Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . 5c 0 6 Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue 0 Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 0 Less: direct expenses from gaming and fundraising events . . . 6с 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 0 Gross sales of inventory, less returns and allowances 7a 7b Less: cost of goods sold 0 Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 13,670 8 Other revenue (describe in Schedule O) 8 0 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 36,341 10 Grants and similar amounts paid (list in Schedule O) . . 10 28,802 11 Benefits paid to or for members 11 0 12 12 Salaries, other compensation, and employee benefits 0 13 Professional fees and other payments to independent contractors 13 0 14 Occupancy, rent, utilities, and maintenance 14 0 15 15 104 16 Other expenses (describe in Schedule O) .See Schedule O, Statement 1 16 4,597 17 17 33,503 Excess or (deficit) for the year (subtract line 17 from line 9) 18 18 2,838 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 31,619 20 20 Other changes in net assets or fund balances (explain in Schedule O) 0 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 34,457

Form 990-EZ (2019) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 22 Cash, savings, and investments 31,619 22 34,457 23 0 23 0 Other assets (describe in Schedule O) _ 24 0 24 0 31,619 25 25 34,457 26 Total liabilities (describe in Schedule O) . . . 0 26 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 31,619 27 34,457 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 2 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Provide funding for Maker Space at new El Gabilan library 4,328) If this amount includes foreign grants, check here 28a (Grants \$ 0 Provide FOSPL-sponsored programs: SMA+RT program and Library Card Campaign 4,224) If this amount includes foreign grants, check here 29a (Grants \$ 0 Provide funding for new El Gabilan library. 15,250) If this amount includes foreign grants, check here 30a 0 31 Other program services (describe in Schedule O) See.Schedule O,.Statement 3. 5,000) If this amount includes foreign grants, check here 31a 0 0 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits. (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Ken Allen 0 0 0 **President** Mary-Alicia McRae 10.00 0 0 0 **Executive Committee Member** Robin Young ____ 10.00 0 0 **Treasurer Brenda Orr** 5.00 0 0 0 Secretary Liz Nolan 10.00 0 0 0 **Executive Committee Member** Paula Whitaker 0 0 10.00 0 Vice President 5.00 0 0 Danny Dedmon 0 **Executive Committee Member**

Form 990-EZ (2019)

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	_	
33	Did the experientian engage in any cignificant pativity not provide to the IDCO If "Vee " provide a		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		,
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N $\ldots \ldots \ldots \ldots \ldots \ldots \ldots$	36		_
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	_		
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright 0; section 4912 \blacktriangleright 0; section 4955 \blacktriangleright 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		
J	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ► CA			
42a			0-232	8
L	Located at ► 110 West San Luis Street, Salinas, CA 93901 ZIP + 4 ►	939	901	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No 🗸
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
_			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		1

Page 3

Form 990	-EZ (20	119)							Р	age -
									Yes	No
		ne organization engage, directly or in ndidates for public office? If "Yes," c						10		
Part V		Section 501(c)(3) Organizations		Parti			• •	46		<u> </u>
raitv		All section 501(c)(3) organizations		stions 47–49b an	d 52 and	l complete	the ta	bles f	or line	25
		50 and 51.	o maor anowor quo		ia 02, and	oompioto	, tilo ta	0100 1	O1 11110	
		Check if the organization used Sch	nedule O to respond	to any question in	n this Part	VI				
		5	'	, ,					Yes	No
		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec		ect during t	the tax	47		~
48 I	s the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," complet	te Schedule	eΕ		48		~
		ne organization make any transfers to						49a		~
		s," was the related organization a se						49b		
		plete this table for the organization's								d key
•	emplo	oyees) who each received more than	\$100,000 of comper	sation from the org				nter "N	one."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribut	ealth benefits, ions to employ ans, and defer mpensation	yee (e) E	Estimate ther com		
None										
None										
51 (Comp \$100,	number of other employees paid over olete this table for the organization's 000 of compensation from the organ Name and business address of each independ	s five highest compenies of the second of th	ensated independe		tors who e	each rec			thar
None										
- d -	Total	number of other independent centre	estara agab ragaining	0 V 0 × \$100 000						
		number of other independent contra he organization complete Schedu			anization	n must at	tach a			
		leted Schedule A			-			✓ Yes		No
Under per	nalties	of perjury, I declare that I have examined this r	eturn. including accompan	ving schedules and state	ements, and to	o the best of n				
		d complete. Declaration of preparer (other than								_
		\								
Sign		Signature of officer				Date				
Here		Robin Young, Treasurer								
		Type or print name and title	Proparor's signature	Г	Data			DTINI		
Paid		Print/Type preparer's name	Preparer's signature		Date	Check		PTIN		
Prepa		Firm's name					mployed			
Use O	nly	Firm's name ► Firm's address ►				Firm's EIN ► Phone no.				
May the	RS IRS	discuss this return with the preparer	shown above? See i	nstructions			. ▶ 「	Yes		No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

	RIENDS OF THE SALINAS PUBLIC LIBRARIES 77-0180168							
Par		Reason for Public Cha					<u> </u>	ns.
The c	_	zation is not a private founda church, convention of churc		,		-	•	
2		school described in section						
3		hospital or a cooperative hos						
4	_	medical research organizationspital's name, city, and state	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
5	_	n organization operated for ection 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6 7	☐ Ar	federal, state, or local govern n organization that normally escribed in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	\square A	community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	or ur	n agricultural research organ university or a non-land-gra niversity:	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10	re su	n organization that normally receipts from activities related upport from gross investment organization a	to its exempt full income and uni	nctions—subject to c related business taxal	ertain exc ole incom	ceptions, ne (less s	and (2) no more that ection 511 tax) from	n 33¹/₃% of its
11	☐ Ar	n organization organized and	operated exclus	sively to test for public	safety.	See sect	ion 509(a)(4).	
12	of	n organization organized and one or more publicly suppo heck the box in lines 12a thro	orted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
а		Type I. A supporting organ the supported organization supporting organization. Y	(s) the power to	regularly appoint or e	lect a ma	ijority of t		
b		Type II. A supporting organ control or management of organization(s). You must	the supporting o	rganization vested in	the same			
С		Type III functionally integ its supported organization(ally integrated with,
d		Type III non-functionally it that is not functionally integrequirement (see instructionally in	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	• • • • • • • • • • • • • • • • • • • •
е		Check this box if the organ functionally integrated, or	Type III non-func	tionally integrated sup				e II, Type III
f		er the number of supported o						
g		vide the following information			I		(.) (6.3 A
	(I) Nar	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

Part							
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under						
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)	
	on A. Public Support	() 0045	# > 0040	() 0047	(1) 00 (0	() 0040	(n =
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support				(0 00 10		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4						
9	similar sources						
J	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	`	,			12	
13	First five years. If the Form 990 is for the	•	n's first, secon	d, third, fourth	i, or fifth tax ye	ear as a sectio	n 501(c)(3)
0 1:	organization, check this box and stop he		<u>.</u>	· · · · ·			▶ 📙
	on C. Computation of Public Suppor			1 ookumn (f))		14	0/
14 15	Public support percentage for 2019 (line 6) Public support percentage from 2018 Sci					15	<u>%</u>
16a							
	33¹/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33¹/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b							
17a	17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization	ation meets the neets the "fac	e "facts-and-c ts-and-circums	circumstances' stances" test.	" test, check The organizati	this box and	stop here.
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			, , ,		,	
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	` ,	` '	` ,	` ,	` ,	
	received. (Do not include any "unusual grants.")	7,278	4,599	89,600	120,262	20,995	242,734
2	Gross receipts from admissions, merchandise	,	·	·	,	,	· ·
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	22,843	20,540	20,552	19,710	15,320	98,965
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0				0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf	0	0				0
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
_		0	0				0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	30,121	25,139	110,152	139,972	36,315	341,699
1 a	received from disqualified persons .	0	0				0
b	Amounts included on lines 2 and 3	U	U				
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0				0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from				_	_	<u>_</u>
	line 6.)						341,699
Secti	on B. Total Support				•		·
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	30,121	25,139	110,152	139,972	36,315	341,699
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	35	37	45	109	26	252
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b	0 35	0	45	100	0.4	0
С 11	Net income from unrelated business	35	37	45	109	26	252
• • •	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0				0
12	Other income. Do not include gain or	J					
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0				0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	30,156	25,176	110,197	140,081	36,341	341,951
14	First five years. If the Form 990 is for the	_			-		
	organization, check this box and stop he						▶ 🗌
	on C. Computation of Public Suppor					T .= T	
15	Public support percentage for 2019 (line 8					15	99.93 %
16 Socti	Public support percentage from 2018 Schon D. Computation of Investment Inc			<u> </u>		16	99.93 %
17	Investment income percentage for 2019 (vy lino 12. ooluu	mn (fl)	17	0.07.0/
18	Investment income percentage for 2019 (-		18	0.07 %
19a	33 ¹ / ₃ % support tests—2019. If the organ						
130	17 is not more than 33 ¹ / ₃ %, check this box						
b	33 ¹ / ₃ % support tests—2018. If the organiz	-	_	-		-	_
D	line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization di	_	=	•		-	_

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Cu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	4		
_		1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	_		
Ju	(b) and (c) below.	3a		
L		Ja		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
_		JU		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authority such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7		U		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	-		
_		7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
100		50		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations		\ <u>'</u>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in Part VI).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	_u		
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	. 490 1
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

Open to Public Inspection

FRIENDS OF THE SALINAS PUBLIC LIBRARIES	77-0180168
Form 990-EZ, Part I, Line 10 - Form 990-EZ, Part I, Line 10 - Form 990-EZ, Part I, Line 10 - Salinas Public I	ibraries, 110 West San Luis
Street, Salinas, CA 93901. Total Grant: \$5,000.00. Purpose: To help with the support of the Kinder Boot C	
\$4,328.28. Purpose: To help with the creation of Maker Space at the new El Gabilan library. Total Grant:	
the building of the new El Gabilan library. Total Grant: \$4,224. Purpose: FOSPL programs in support of S	SPL (Summer Reading program,
SMA+RT program).	

Schedule O, Statement 1

FRIENDS OF THE SALINAS PUBLIC LIBRARIES

Form: **Form 990-EZ (2019)** EIN: **77-0180168**

Page: 1

Part I, Line 16

Other Expenses Structured Explanation

Description	Amount
Bookshop Expenses	412
Volunteer Accident Insurance	300
Business Owners Insurance	804
Liability Insurance	825
Internet Expenses	18
Filing Fees	108
Officer Expenses	80
Book Sales Expenses	2,050
Total:	4.597

Schedule O, Statement 2

FRIENDS OF THE SALINAS PUBLIC LIBRARIES

Form: **Form 990-EZ (2019)** EIN: **77-0180168**

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

Friends of the Salinas Public Library (FOSPL) is a 501(c)(3) nonprofit, public-benefit organization of volunteers which provides financial contributions to the City of Salinas Library system and which conducts programs to support and supplement the library's educational mission. FOSPL funds programs and purchases not within the Library budget. FOSPL also works to create public awareness of and community support for the Library system and its literacy programs.

Schedule O, Statement 3

FRIENDS OF THE SALINAS PUBLIC LIBRARIES

Form: **Form 990-EZ (2019)** EIN: **77-0180168**

Page: 2

Part III, Line 31

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
Provide funding for Kinder Boot Camp.	5,000		0
Total:			0

Other Program Service Accomplishments